SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details	iils				
Public Employer:	City of Sea Isle City, NJ	NJ		County: Cape May	
Employee Organization	CWA - SUPERVISORS OF PUBLIC WORKS	RS OF PUBLIC WO	IRKS	Employees in Unit: 8	
Base Year Contract Term:	1/1/2010	12/31/2014	New Contract Term 1/1/2015	H	
Type of Settlement:	Mediated Settlement		☐ Fact-Finder Recommendation	✓ Voluntary Settlement ✓ Voluntary Settlement	onciliation
			Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)	
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Item 2 Increm	odialy Increment	ř	† /o'. o ·	807'000¢	
	Longevity		\$61,187	\$53,535	
Item 4 Stipend	pue		\$7,200	\$7,400	
Item 5 Clot	Clothing Allowance		\$7,200	\$8,400	
Item 6					
Item 7					
Item 8					
Item 9					r
Item 10					
Item 11					
Item 12					
Any additional items list on separate sheet	heet	Additional Items			
Section III: Totals - Sum of costs in each column	sts in each column		\$687,462	\$677,544	
			(Total)	(Total)	
Section IV: Analysis of new successor agreement	ssor agreement		NEW AGREEMENT ANALYSIS		
Total Base Year(previous agreement)	\$687,462				

Total Base Year(previous agreement) \$687,462	ı			
Effective Date (m/d/vyyy) Percent Increase	1/1/2015	1/1/2016	1/1/2017	1/1/2018
Total cost of increase	\$9,918	\$13,235	\$13,499	\$13,770
Total base salary (successor agreement)	\$677,544	\$690,779	\$704,278	\$718,048
Section V: Impact of Settlement - average annual in	 average annual increase over term of agreement 			
Percentage Impact (average per year over term of agreement)	1.75%	Note: Also neg reflected in Se	gotiated was a reduction in ction V Impact. Including	Note: Also negotiated was a reduction in health care plan and a reduction in clothing provided. These savings ar reflected in Section V Impact. Including those changes and increasing employee contributions reduces the impar
Dollar Impact (average per year over term of agreement)	\$12,605.50			

Section VI						
Health Insurance (Indicate costs associated on each line)						
	Base Year	Year 1				
Cost of Health Plan	\$177,843	\$193,485	\$196,220	\$233,248	\$254,240	
Employee Contributions	\$0	\$11,225	\$29,223	\$48,098	\$68,752	
Prescription						
Dental	\$7,409	\$6,676	\$6,544	\$6,544	\$6,544	
Vision	\$636	\$572	\$636	\$636	\$636	

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.

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o Title: Administrator	int Name
Prepared by: George Savastan	Joseph